Nebraska State Incentive Cooperative Agreement Initiative
Program Narrative

A. Current Prevention Funding Streams and Resources

Nebraska is comprised of 93 counties, which vary widely in population density, major industries, ethnic constitution and substance abuse prevention activities. The current prevention system involves multiple efforts that are often disconnected at both the State and community level. These multiple efforts are often singularly effective, but result in a "shotgun" pattern of prevention delivery. Nebraska has a number of very strong prevention programs and a solid network of State, regional, and local agencies, but lacks a comprehensive plan that provides for systematic implementation and evaluation of existing prevention approaches. As a result, fragmentation in funding and programming continues to be one of the system's larger gaps. The State Incentive Cooperative Agreement (SICA) will revitalize and enhance the current state prevention system. Through the Governor's leadership, the Nebraska SICA initiative will develop and implement a comprehensive State-wide substance abuse prevention strategy to optimize the use of all State and Federal substance abuse prevention funding streams and resources.

Governor's Office. The State of Nebraska is under the leadership of Governor Mike Johanns. The Governor's Office is influential in setting State priorities and policies. The Governor has a proven track record of improving the quality of life among Nebraskans and, as such, recognizes the critical need for substance abuse prevention in the State. Governor Johanns has made the health, safety and development of the state's children a priority during his first two years in office. His commitment to alcohol, tobacco and other drug prevention is evident in several accomplishments over the last two years. In 2000, the Governor signed landmark legislation, which allocates $21 million from the Tobacco Settlement Funds to support a comprehensive tobacco control program. The Governor has also worked with the Legislature to assure that all of the tobacco settlement dollars remain in the public health domain including a significant allocation for behavioral health and minority public health initiatives. In addition, last October, along with Idaho Governor Dirk Kempthorne, Governor Johanns hosted the Western Governor's Association (WGA) Drug Policy Academy, which is providing leadership in reducing demand for illicit drugs and the social costs of their use. The Governor recognizes that the State Incentive Cooperative Agreement provides an excellent opportunity for Nebraska to revitalize and enhance the current prevention system and thus has committed to:

- Name Lt. Governor David Maurstad the chair of Nebraska's State Incentive Cooperative Agreement Advisory Committee;
- Empower the State Incentive Cooperative Agreement Advisory Committee to develop and implement a sound strategy to identify, coordinate, leverage and/or redirect, as appropriate and legally permissible, all substance abuse prevention resources (funding streams and programs) within the State that are directed at communities, families, youth (ages 12-17), schools and workplaces; and
- Develop and implement a comprehensive, long-range prevention program system to ensure that Nebraska's prevention services fill identified gaps in prevention services targeting youth ages 12-17 throughout Nebraska with science-based prevention strategies and programs.

Current Prevention Funding Streams and Resources Chart

A total of $13,598,371 million dollars is allocated toward alcohol, tobacco and other drug prevention efforts in Nebraska. The chart illustrates the multiple funding streams in Nebraska.

State Agency	Services Supported	Funds Spent during FY 00	
Nebraska Health and Human Services Division of Mental Health, Substance Abuse and Addiction Services	• Comprehensive Substance Abuse Prevention that utilizes Center for Substance Abuse Prevention's six strategies	Federal SAPT State Gov.'s SDFSCA	$2,238,404 $114,491 $451,695
Division of Health Promotion and Education	• Comprehensive Tobacco Prevention	CDC State	$1,200,000 $7,000,000
Nebraska Department of Education Safe and Drug-Free Schools Program	• School-based prevention services • Native American Prevention Specialist	SDFSCA	$1,806,781
Nebraska Crime Commission	• Drug demand reduction • Drug resistance education • School/community enforcement liaison	PACT (BJA) Westside High School (ONDCP) Drug Trafficking (ONDCP)	$125,000 $100,000 $37,000
Department of Motor Vehicles Office of Highway Safety	• Underage Drinking and Driving Prevention	OJJDP & NHTSA	$340,000
US Attorney's Office	• Weed & Seed and Drug courts		$185,000
Total Funding			**$13,598,371**

Current Use of the 20-percent Primary Prevention Set-aside

Nebraska Health and Human Services Division of Mental Health, Substance Abuse and Addiction Services administers funding for the delivery of mental health and substance abuse services throughout the State and is the designated Single State Agency (SSA) for the administration of the Substance Abuse Block Grant program including the 20% prevention set-aside. Nebraska State Statute has established six geographically defined behavioral health regions in Nebraska, organized by interlocal agreements. Within each region is a Regional Prevention Center (RPC), which is overseen by a Regional Governing Board of County Commissioners and a Regional Administration Office. Regional program administrators are responsible for local planning and development of an integrated service system for mental health and substance abuse services. Youth substance abuse prevention initiatives and programs in Nebraska are conducted at the local, regional and state levels. The current system facilitates direct programming to communities as well as partnering with other agencies and organizations committed to youth substance abuse prevention.

The structure and direction for the current prevention system was established through a statewide planning process that resulted in the 1994 document "Nebraska Substance Abuse Vision 2000." Vision 2000 outlines the principles, initiatives, and structure for the Nebraska Health and Human Services (NHHS) Prevention System and the seven Regional Prevention Centers to enhance service delivery and support prevention services. Vision 2000 has been instrumental in developing the current prevention network. Vision 2000 included several initiatives that have resulted in the development of an electronic management system (Minimum Data Set), defining and establishing a training and registry system for prevention professionals, and updating and revising regulations for prevention programs. If awarded, the State Incentive Cooperative Agreement multi-agency comprehensive plan will continue the work of Vision 2000

by promoting a shared vision of substance abuse prevention, by coordinating multi-agency efforts by implementing science-based programs across communities, multiple agencies, Governor's Office, and the State Legislature.

Regional Prevention Centers (RPCs). The 20% prevention set-aside of the SAPT Block Grant funds a Regional Prevention Center located in each of the six behavioral health regions to ensure that research-driven prevention programming reaches all parts of the State. A funding requirement for each of the Regional Prevention Centers (RPC) is to implement science-based programming to prevent adolescent substance abuse. The RPC's are the State's link to the community and serve as a galvanizing force to strengthen support at the community level by involving schools, faith-based communities, law enforcement, and other community members in all prevention efforts. The RPC's build capacity at the community level and coordinate efforts across communities and with the state. The Regional Prevention Centers are in a key position to work with communities to help empower and increase their readiness to implement comprehensive science-based prevention programs. The Regional Prevention Centers have built the necessary relationships with communities throughout Nebraska to be a critical catalyst in providing technical assistance to communities regarding all aspects of the SICA initiative to assure that science-based programs and strategies are adopted in all regions of the state.

The Nebraska Council to Prevent Alcohol and Drug Abuse. The Substance Abuse Prevention and Treatment Block Grant Prevention Set-aside also funds a statewide organization, the Nebraska Council to Prevent Alcohol and Drug Abuse, which provides technical assistance to each region as well as a clearinghouse of substance abuse prevention information. The Nebraska Council to Prevent Alcohol and Drug Abuse is a statewide resource center supporting prevention efforts at the regional and community level through training, program development, networking and evaluation services. They also work with Regional Prevention Centers, state agencies and statewide groups to implement science-based prevention programs. The Nebraska Council is also the home of the Nebraska Alcohol and Drug Information Clearinghouse, the Nebraska Network of Drug Free Youth, and the Rural Region V Prevention Center. The Nebraska Council has been the recipient of six national awards including Exemplary Prevention Program from the Center for Substance Abuse Prevention (CSAP). The Nebraska Council will play a vital role in the implementation of the SICA evaluation.

Other Prevention Funding Streams and Resources

Nebraska Health and Human Services - Tobacco Free Nebraska. Tobacco Free Nebraska is the statewide tobacco prevention initiative of the Nebraska Health and Human Services System. The program's funding sources include the Centers for Disease Control and Prevention, Office on Smoking and Health, which provides $1.2 million of the total program budget. In the 2000, landmark legislation was signed into law which designated $21 million over three years from the state tobacco settlement funds to tobacco prevention and prevention control. The first $7 million has been appropriated and is being developed into tobacco prevention and cessation funding opportunities through Tobacco Free Nebraska. The overall goals of Tobacco Free Nebraska include reducing youth access to tobacco products, identifying and eliminating disparities among population groups, promoting tobacco cessation among youth and adults, and eliminating exposure to environmental tobacco smoke

Nebraska Department of Education - Safe and Drug-Free Schools and Communities Act (SDFSCA) program. This Federally funded program supports state and local communities to develop alcohol, tobacco, other drug (ATOD), and violence prevention plans to provide safe,

disciplined, and drug free learning environments for young people. The Nebraska Department of Education administers the school-based prevention component of this program. The grant program is for schools to establish, operate, and improve local drug and violence prevention and early intervention programs. Currently, 605 school districts (98%) participate in the program either individually (51) or through a consortium (528). The Nebraska Department of Health and Human Services administers the Governor's portion of SDFSCA funding which supports statewide community-based prevention programming with an emphasis on high-risk youth.

Crime Commission. Nebraska receives Title V prevention dollars from the Office of Juvenile Justice and Delinquency Prevention (OJJDP). The Nebraska Crime Commission is the designated State agency to oversee the allocation of these funds to local governments. While the federal grant to the state is for three years, local communities apply to the Crime Commission through an annual competitive process. The funding available each year is just under $250,000. Currently seven communities/counties are implementing programming with the grant funding. These communities represent a wide range of urban and rural areas, creating diversity among different projects. The focus of many of the projects is primary prevention, which include activities such as after school and summer programming, mentoring, and teen court.

Nebraska Office of Highway Safety (NOHS). The Nebraska Office of Highway Safety funds several programs designed to prevent and reduce drinking and driving among young people. The Public Information and Education program provides funding for educational materials that discourage illegal alcohol use and driving under the influence of alcohol or other drugs. The Youth Empowerment program receives funding from the Office of Juvenile Justice and Delinquency Prevention (OJJDP) to support Youth in Action and other youth organizations involved in advocacy and public policy initiatives. The Alcohol Retailer Enforcement Program provides support funds to law enforcement agencies to reduce illegal alcohol sales by conducting compliance checks.

US Attorney's Office - Law Enforcement Community Coordination (LECC). The mission of Nebraska's LECC unit is to help law enforcement and criminal justice agencies along with community-based efforts on multiple drug and violent crime issues. All LECC and drug demand reduction efforts are coordinated with this group. This unit includes staff dedicated to Law Enforcement, Community and Victim issues, HIDTA and Project Impact. To make the best use of scarce resources, the District promotes coordination and cooperation between Federal, state and local law enforcement and community-based groups to work together to address challenges that face Nebraska. These efforts include training, program development and facilitation, project assistance, grants, victim assistance and witness management.

Conclusion

Prevention funding in Nebraska comes from a number of different sources, though Nebraska Health and Human Services and the Nebraska Department of Education clearly provide the major contributions to the state's efforts. This funding is spread across multiple programs that reach into families, workplaces and communities. Although Nebraska has a number of very strong prevention programs and a solid network of State, regional, and local agencies, we lack a comprehensive plan that provides for systematic implementation and evaluation of existing prevention approaches. As a result, fragmentation in funding and programming continues to be one of the system's larger gaps. The need to critically examine the

way funding is allocated, spent and coordinated is clear. The State Incentive Cooperative Agreement will provide the plan, funds, and incentive to increase the coordination of substance abuse prevention funds.

B. Needs of the Target Population

Substance Abuse Prevention Needs of 12-17 Year Old Youth and their Families

Population Distribution of Target Population. In 2000, the U.S. Bureau of the Census estimated that 1,711,263 people reside in Nebraska.[i] Of the 93 counties within Nebraska, three contain over half of the State's population, with the remaining 90 counties classified as rural by the State's definition and many are frontier counties by federal definition. Nearly one quarter of Nebraska's population is age 18 or younger. One of every nine households in Nebraska (10.9%) is a single-parent family with children under age 18. The proportion of families that are headed by single parents varies among racial/ethnic groups, with Native Americans (31%) and African American (28.9%) families showing the highest proportion.

Ethnic Minority Populations. Many communities are seeing an increase in their ethnic minority population, although these populations continue to be unevenly distributed across the state. According to the 2000 census, Nebraska's minority population for all ages is estimated at 12.7%. Statewide, the minority population consists of 3.9% African American (67,537), 0.8% Native American (13,460), 1.3% Asian (21,677), and 5.5% Hispanic or Latino (94,425)[ii].

Over 13,400 Native Americans live in Nebraska, including the following tribes: Santee Sioux, Omaha, Winnebago, and Ponca (a federally recognized tribe although they do not operate a reservation in Nebraska)[iii]. While many of Nebraska's Native Americans live on reservations, the majority does not. The urban areas of Lincoln and Omaha house nearly half (46%) of the state's Native American population. About 15 percent of Native Americans live in the northwestern part of the state where it adjoins the Pine Ridge Reservation in South Dakota. The remaining Native American population (Winnebago and Omaha tribes) resides in Thurston County in northeastern Nebraska, the location of their tribal reservations.

The Hispanic population is primarily located in the Omaha area and in Scotts Bluff County (located in the "panhandle" of western Nebraska). Several areas of the State have a concentrated Hispanic population, particularly in the central region where meat packing industries and migrant farm work needs are the greatest. Some of these growth centers are quite recent, with communities still adjusting to the changing demographics.

Reference Data on Alcohol, Tobacco and Other Drug Use by Nebraska 12-17 year olds

In Nebraska, community-held values continue to assert a strong influence over both attitudes and behavior, with positive and negative outcomes in the area of youth substance abuse. Prevention efforts continually combat the communal perception that alcohol and tobacco use among young people is relatively harmless and a natural part of growing up. These perceptions are directly reflected by the higher percentages of alcohol and tobacco use among Nebraska youth than the nation as a whole. Two disturbing trends in Nebraska include the increasing percentage of youth using marijuana[iv] (from 19% in 1993 to 31% in 1999) and ranking fourth highest in the nation in binge drinking. We are encouraged by the significant reduction of

chewing tobacco and cigarette use among youth in 1999, reversing an upward trend since 1993. A number of surveys are conducted that help assess the status of alcohol, tobacco and other drug use among young people, these include:

The Youth Risk Behavior Survey (YRBS). The YRBS is a comprehensive surveillance system developed by the Centers for Disease Control and Prevention to monitor risky behaviors among adolescents. The top causes of morbidity and mortality among young people drove the content of this instrument. NHHS administers this survey to a sample of students in grades 9–12 every other academic year. The Nebraska YRBS data allow the State to monitor trends in use of alcohol, tobacco, marijuana and other drugs. When comparing statewide YRBS data from 1993, 1995, 1997 and 1999, overall lifetime usage rates of alcohol and other drugs, especially marijuana, continue to increase. Tobacco usage rates increased from 1993 to 1995, remained consistent from 1995 to 1997, and decreased nearly 5 percent from 1997 to 1999.

Increase in marijuana use

Nebraska data indicate an alarming upward trend in marijuana use. According to the 1993 Nebraska YRBS, 19 percent of students in grades 9 – 12 had used marijuana at least once in their lifetime. Both the 1997 and 1999 Nebraska YRBS (31% and 31.2%, respectively) indicate a 64 percent increase in lifetime marijuana use.

Higher youth alcohol consumption

Young people in Nebraska continue to be a national leader in binge drinking[1]. In 1999, the YRBS national average of binge drinking among students in grades 9 – 12 was 31.5% and the Nebraska 1999 YRBS average was an alarming 40.8%.[v] In fact, Nebraska was ranked fourth in the highest percentage of binge drinking among students in grades 9 – 12 in the United States in 1999.

More Nebraska youth reported riding with a drinking driver

Riding with a driver under the influence of alcohol significantly increases the risk of unintentional injury. Nebraska is well above the national average for the percentage of youth riding with a drinking driver. The 1999 Nebraska YRBS indicated that 46.3% of 9^{th} – 12^{th} graders had ridden with an alcohol-influenced driver at least once in the past 30 days compared to 48 percent in 1997 and 49 percent in 1995. The 1999 National YRBS indicated that the national average was 33.1%.[vi]

Higher reported cigarette use

Nebraska youth in grades 9 – 12 report higher cigarette use than their peers nationally in both current and frequent use of cigarettes. The 1999 Nebraska YRBS indicated that 37 percent of 9^{th} – 12^{th} graders had smoked at least one cigarette in the last 30 days, which is above the national average (34.8%). The percentage of 9^{th} – 12^{th} grade students who smoked two or more cigarettes per day on the days they smoked increased from 1993 to 1997 (23% to 26%, respectively). 1999 data indicate a slight reduction in the number of students who reported smoking two or more cigarettes per day on the days they smoked (24.6%).

Higher use of chewing tobacco

Nebraska 9^{th} – 12^{th} graders reported a 40 percent reduction in current use of chewing tobacco. The 1999 Nebraska YRBS indicated that 12 percent of students reported using chewing tobacco in the past 30 days, while 1997 state data indicated that 17 percent had used chewing tobacco. When comparing the 1997 statewide and national YRBS data, Nebraska was well above the national average of 9 percent.

[1] Binge drinking is defined as at least 5 or more drinks of alcohol in a row on at least one of the past 30 days.

National Household Survey. The SAMHSA National Household Survey on Drug Abuse (NHSDA) provides annual estimates of the prevalence of illicit drug, alcohol and tobacco use in the U.S. and monitors the national trends in use over time. It is based on a representative sample of the U.S. population age 12 and older. For the first time ever, the 1999 NHSDA report provided state by state estimates of alcohol, tobacco and other drug use. The 1999 NHSDA indicates, much like the Nebraska YRBS data, that Nebraska youth's primary drug of choice are alcohol and tobacco and that use of other drugs is at unacceptably high rate. The 1999 NHSDA indicates that 14.1 % of Nebraska 12-17 year olds used tobacco in the last 30 days[vii]. The survey also indicates that 12.1% drank five or more drinks in a row in the last 30 days, that 9.1% had used any illicit drug and that 6.8% had used marijuana.

Thurston County Youth Risk Behavior Survey. In 1996, the Youth Risk Behavior Survey was conducted in four Thurston County schools that have a large Native American population. The majority of the population in Thurston County is Native American because it is the location of the Winnebago and Omaha tribal reservations. The survey results illustrate the extent of the alcohol, tobacco and other drug use problems on the Nebraska reservations. Sixty six percent of 9^{th} – 12^{th} graders report smoking cigarettes in the previous thirty days. Forty percent had five or more drinks of alcohol in a row at least once in the previous thirty days and 40% had used marijuana at least once in the previous 30 days[viii]. All of these are above both the national and state averages and reflect the prevention needs of Native American youth. The State Incentive Cooperative Agreement initiative will mobilize and empower reservation communities as well as other communities' statewide to address alcohol, tobacco, and other drug problems with science-based prevention principals and programs.

Existing Effective and Culturally Competent Prevention Services and Programs

Nebraska has many existing effective and culturally competent prevention services and programs including some that have been nationally recognized. We will not be able to highlight all of those programs and initiatives, but rather want to illustrate those programs and services that will contribute to the fulfillment of our SICA vision.

Nebraska Prevention Resource System (NPRS). The NPRS is a workgroup comprised of representatives from government and private prevention entities that are involved in alcohol, tobacco and other drug prevention. The NPRS work group began in 1998 to assess how Nebraska's existing resources could better support prevention efforts at the community level. The mission of the NPRS is to design and execute a strategic plan that supports communities in successfully implementing and integrating environmental and individual culturally competent prevention strategies to reduce the number of youth involved in tobacco, alcohol, marijuana, and other drug use and violence. NPRS is dedicated to 1) building an integrated, statewide prevention system that effectively uses fiscal and human resources, and 2) helping communities access funding, resources, and technical assistance across agency lines. NPRS has active representatives from agencies that oversee statewide alcohol, tobacco and other drug prevention funding. The objectives of NPRS include reducing barriers to sharing resources by identifying common goals, identifying available needs assessment information, coordinating data information needs, standardizing a definition of prevention, and providing an information system to help coordinate prevention efforts in the community. One positive step toward accomplishing these objectives is the establishment and maintenance of the NPRS web site. The site provides a shared communication link across agencies as well as information on training and funding

opportunities. The NPRS work group has helped to "pave the way" for the successful implementation of the SICA initiative by building relationships amongst substance abuse prevention agencies and initializing efforts to better coordinate and leverage existing substance abuse prevention funding streams and resources.

Governor and Legislature Commitment to Comprehensive Tobacco Prevention. As mentioned earlier, the Governor and the Legislature last year made a historic commitment to ATOD prevention by designating $21 million over three years to comprehensive science-based tobacco prevention. The implementation of the tobacco program has energized communities around effective prevention efforts and has increased community readiness for the State Incentive Cooperative Agreement initiative. Communities funded through this initiative were trained in the Communities of Excellence planning by the American Cancer Society. This tool has helped these communities build capacity and infrastructure to do effective science-based prevention and create policy change.

Nebraska's Prevention Training and Workforce Development System. Nebraska Health and Human Services Division of Mental Health, Substance Abuse and Addiction Services contracts with the Nebraska Council to Prevent Alcohol and Drug Abuse to manage the Workforce Development System. This system provides training and technical assistance to prevention professionals. The goal is to build a strong system, which develops prevention practitioners at every stage of development from entry, to intermediate, to mastery. The Prevention Generalist Training (PGT) is the first level of training in the Nebraska Prevention Workforce Development System. In addition to PGT, other intermediate and advanced trainings on core prevention trainings, including cultural competency, that help shape and inform prevention workers throughout the state of Nebraska are also provided.

Native American Substance Abuse Prevention Consultant. The Nebraska Department of Education began an exciting initiative this last year to address substance abuse prevention issues with Native Americans who live on Nebraska's three reservations. The initiative includes a Native American prevention consultant who is taking a leadership role in working with schools and communities on reservation land in the area of substance abuse prevention. The position will be instrumental in providing leadership to empower Native American communities to advance the SICA initiative.

Gaps in Types of Needed Prevention Services and Programs for 12-17 Year Old Youth

There are several gaps in the current Nebraska Prevention System including those that are related to programs and services and those that are systemic to the entire prevention system.

Programmatic Gaps

Lack of Prevention Services for Rural and Minority Populations. Nebraska is a vast state with over half the population residing in two metropolitan centers and the other half residing in smaller, more rural communities. The distance from Nebraska's eastern to western borders is nearly 500 miles and the distance from north to south is about 215 miles. With the total land area of 77, 355 square miles, Nebraska is 20 percent larger than the combined New England states[ix]. The expansiveness of the State is an important consideration when designing a system that will serve the entire state. The rural nature of many of our communities also makes Nebraska ideal for conducting community-driven prevention initiatives. Because the Regional

Prevention Centers have built relationships within rural communities across the state, they will be in a unique position to implement the SICA initiative in rural communities.

Nebraska also has a growing minority population that has presented unique challenges for the state. There are existing bridges built with minority communities at both the state and local level, which will be vital to the SICA success. There are important minority outreach objectives built into the SICA initiative including membership on the SICA Cooperative Agreement Advisory Committee to assure we address the growing minority needs.

Lack of Community Driven Prevention. Community efforts are often not coordinated across funding streams to maximize prevention efforts. As a result, the community is often times not empowered to implement prevention, but rather become passive recipients of prevention efforts. The populist nature of Nebraska dictates that an overall approach to planning and organization be grounded in a community empowerment model will provide the most effective strategy for the coordination, leveraging and redirecting of funding resources and implementing science-based prevention programs. This approach should seek to maximize the local control of the decision making process and utilize local and community resources to address a consensual view of the ATOD problem and its solution. State and federal resources can play a role in this process by facilitating the local planning and decision making process, and providing funds to address critical gaps in the infrastructure of the prevention system. It can also promote the dissemination of information, consultation and training related to the best practice of prevention and implementation of programs that work. The SICA initiative will build community ownership, support and inclusiveness through stakeholder planning, decision-making and implementation. The SICA will also increase the community's ownership of the youth alcohol, tobacco and other drug use problems and generating the feeling of empowerment to make a difference.

Systemic Gaps

Nebraska has a strong system of existing networks at the local, regional, and state levels. While this system supports partnerships that have worked in concert to fill some gaps, preliminary planning at the regional, (RPCs) and the State agency level (NPRS) indicate that Nebraska's system is lacking in four major areas. These system-related gaps include:

- A systematic approach to coordinating, redirecting, and leveraging funds.
- A consistent implementation of comprehensive science-based prevention programming across state funding streams.
- Consistent and comprehensive statewide goals related to the reduction of alcohol, tobacco, and other drug abuse.
- A statewide needs assessment and evaluation plan that includes a systematic yet community empowering approach to synthesizing and utilizing the body of data collected throughout the State.

Nebraska recognizes the gaps and needs that exist and is excited by the opportunity and impact that the SICA will have in invigorating and realigning ATOD prevention services in the state.

C. Implementation Plan for a State-wide Prevention System

Overview. The purpose of Nebraska's State Incentive Cooperative Agreement (SICA) initiative is to develop and implement a comprehensive statewide substance abuse prevention strategy that optimizes the use of all State and Federal substance abuse prevention funding

streams and resources in the state. The primary ambition of the initiative is the reduction of alcohol, tobacco and other drug use by youth 12-17 as measured by the Nebraska Youth Risk Behavior Survey and the National Household Survey on Drug Abuse.

The commitment and leadership of Governor Johanns will assure that the Nebraska SICA initiative will develop and implement a sound strategy to identify, coordinate, leverage, and/or redirect prevention funding streams and resources to fill identified gaps in prevention services for 12-17 year old youth. The initiative will also develop and implement a comprehensive, long-range prevention program system that empowers communities to fill identified gaps with science-based culturally appropriate programs and principles. The Governor will ensure that the Cooperative Agreement Advisory Committee (CAAC) and Nebraska State agencies with prevention funding, will make the necessary commitments and policy changes to meet SICA goals and objectives (Please see Governor's letter of commitment in Appendix 1).

(1) Plan for the Coordination of Funding

The initial goal of the Nebraska State Incentive Cooperative Agreement (SICA) initiative is the identification, coordination, redirection and leveraging of alcohol, tobacco and other drug prevention funding. To address this goal, the State plans to move swiftly to implement an administrative infrastructure to facilitate increased linkages and collaboration among the state systems charged with addressing the prevention of substance abuse among Nebraska's youth. Stronger linkages and effective collaboration are prerequisites to enhancing the effectiveness and efficacy of both existing programs and new prevention strategies to reduce youth alcohol, tobacco and other drug use in the state. It is imperative to develop an infrastructure that affords the regular exchange of data, the sharing of resources and expertise, the development of relationships and shared responsibility for both the issues faced by Nebraska's youth and their solutions. This need expands beyond the state systems responsible for various state and federal prevention related funding but also requires the involvement and active participation of communities across Nebraska. Other groups and interested parties such as schools, faith communities, parent groups, private industry, community coalitions, youth and other concerned community members are critical to the success of prevention efforts. Nebraska's plan will build critical linkages, relationships and alliances among these groups and will advance infrastructure development that will dramatically improve the nature of the relationships between these entities. This improved infrastructure will result in joint planning, joint funding and mutual oversight for direct prevention programming and initiatives supported by the State Incentive Cooperative Agreement and extending to all state and federal prevention funding in Nebraska.

Nebraska Health and Human Services Division of Mental Health, Substance Abuse and Addiction Services (NHHS) will act as the lead agency for the SICA initiative. NHHS serves as the Single State Agency (SSA) for substance abuse funding for the state of Nebraska. The Governor will direct the SSA to work with the Governor's Office in a statewide effort to further the statewide comprehensive prevention plan. To facilitate this process, NHHS is ready to initiate inter-organizational meetings, work with State agency representatives to obtain Memorandums of Understanding and initiate the process of subcontracting through the development of the application process and documentation. Nebraska Health and Human Services (NHHS) will dedicate the existing Prevention Program Manager to direct the project and to establish the SICA infrastructure immediately upon receipt of the award. The SICA infrastructure will include the necessary staff to implement, evaluate and provide support activities such as technical assistance and training. Job descriptions and hiring qualifications are

in Section H. By October 31, 2001, a subcontract with the Program Evaluator will be written to provide ongoing assessment and consultation during the initial start-up and over the course of the initiative. By Nov. 15, 2001, the NHHS, and Southwest Center for the Application of Prevention Technology will select a full-time staff person to provide in-state technical assistance regarding science-based prevention and the best practices from other state initiatives. NHHS will contract with the SWCAPT to help support this on-site position. In addition, contracts will be completed with Regional Prevention Centers to provide technical assistance and education to communities regarding all aspects of SICA project implementation. All of the time line dates are based on a September 1, 2001 start date.

Formation of the Cooperative Agreement Advisory Committee

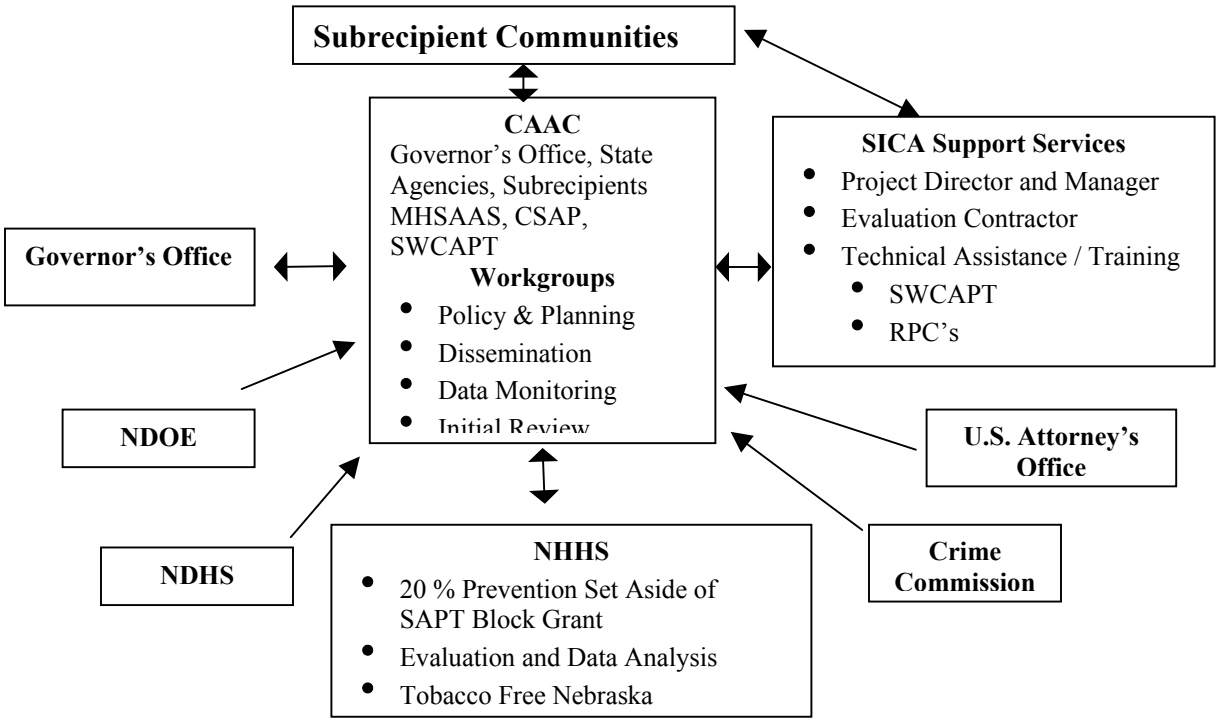
The Governor's Office will name Lieutenant Governor David Maurstad to chair the CAAC to ensure effective coordination and management of State resources for this project. The Lt. Governor will convene the first CAAC meeting within the first 90 days of the award. CAAC membership will consist of 1) representatives of all state agencies that administer alcohol, tobacco and other drug prevention funding in the state, 2) leaders and advocates from the identified stakeholders, including representation of diverse populations and, 3) appropriate CSAP staff who will provide guidance and technical assistance to help achieve SICA goals. The existing membership of the interagency NPRS work group is the ideal starting point for the CAAC

The CAAC will be charged with making recommendations for administrative policy changes, legislation and other actions that will move forward the State's agenda for the coordinated funding and implementation of science-based prevention programs. By November 15, 2001, all CAAC members will attend a training session that will include an orientation that describes the status of substance abuse in Nebraska, current prevention initiatives, objectives of the SICA, and the committee's role and responsibilities in this initiative. Additional details regarding the CAAC membership and description of subcommittees are provided in section D.

Analysis for Redirection and Leveraging of Funding Streams

The State's efforts at coordination, redirection and leveraging of prevention funding must be predicated on reliable and valid data. The Governor's Office, CAAC, and in particular the Policy and Planning Work Group of the CAAC will have access to information describing prevention programming in the State. The information to be reviewed will include funding sources, expenditures, data, regulations, types of programs provided, population served and strengths of program model. This information will guide planning efforts at the community and government levels. It is also expected that this information will provide a baseline against which the State's realization of the first goal of the application, coordination, redirection and leveraging of prevention funding can be assessed. Within the first five months of program funding, the project evaluator will complete and have approved a comprehensive study of ATOD funding streams within the state. This study will also establish an important baseline for the evaluation of the accomplishment of the first goals of the program. Working closely with the CAAC Policy and Planning Work Group, the evaluator will provide information not only on the dollar amounts and their allocation to prevention efforts, but will also provide an in-depth exploration of the issues confronting the coordination, redirection, and leveraging of State and community funding streams.

Proposed Connections of Funding and Resources Chart



As this model suggests, the Governor through the Cooperative Agreement Advisory Committee will bring together prevention agencies, community subrecipients and other community groups to develop the necessary relationships and connections to analyze, coordinate, leverage and redirect all substance abuse prevention streams. As the model indicates, the Governor and the CAAC play a key leadership and decision-making role in planning and implementing the coordination of community funding streams. More specifically, this plan will be carried out through the following objectives and tasks.

Goal 1: To develop and implement a sound strategy to identify, coordinate, leverage, and/or redirect prevention funding streams and resources to fill identified gaps in prevention services for 12-17 year old youth.

Objective 1.1: Establish the administrative infrastructure to support the SICA activities.

Task 1.1.1: By September 30, 2001, an organizational meeting of representatives from all state agencies administering ATOD prevention, funds will be held under the direction of Lt. Governor David Maurstad.

Task 1.1.2: By October 31, 2001, a subcontract with the Program Evaluator will be written to provide ongoing assessment and consultation during the initial start-up and over the course of the initiative.

Task 1.1.3: By November 15, 2001, the Project Manager and SWCAPT Technical Assistance Coordinator will be recruited and hired.

Task 1.1.4: By November 15, 2001 all state agencies administering ATOD

prevention funds will provide a Memorandum of Understanding that details the agency's cooperation and responsibilities in the implementation of the SICA.

Task 1.1.5: By Nov. 15, 2001, contracts will be completed with Regional Prevention Centers to provide technical assistance to communities regarding all aspects of State Incentive Grant initiative implementation.

Objective 1.2: Establish the Governor's Cooperative Agreement Advisory Committee (CAAC) with a clear representation of diverse stakeholders to provide coordination and support to the Governor and strategic and operational advice to the SICA.

Task 1.2.1: By October 31, 2001, identify and recruit stakeholder representatives with particular attention to youth, families and minority populations.

Task 1.2.2: By October 31, 2001, Governor's Office will issue press release announcing the State Incentive Cooperative Agreement initiative and advisory committee.

Task 1.2.3: By November 15, 2001, Lt. Governor will convene Governor's Cooperative Agreement Advisory Committee to oversee statewide planning and implementation of the SICA initiative.

Task 1.2.4: By November 15, 2001, facilitate all-day training for CAAC members on roles and expectations of SICA initiative.

Task 1.2.5: By November 30, 2001 establish CAAC workgroups (Policy and Strategic Planning Work Group, Best Practices Work Group, Data Monitoring Work Group, and the Initial Review Work Group.

Objective 1.3: Conduct a systematic study and analysis of prevention funds for redirecting and leveraging of funding streams and resources.

Task 1.3.1: By November 30, 2001, the evaluation subcontractor will submit a plan for the comprehensive study of ATOD prevention funding streams to the SICA Project Director.

Task 1.3.2: By January 1, 2002, evaluation subcontractor will analyze existing data, funding streams and needs assessments to develop a comprehensive snapshot of needs.

Task 1.3.3: By February 1, 2002, evaluation subcontractor will present the CAAC the comprehensive study of ATOD prevention funding streams for utilization in producing Governor's report on prevention (Vision 2010).

Task 1.3.4: By April 1, 2002, the CAAC will develop and review options for the coordination, leveraging, redirection and augmentation of existing funding streams for ATOD prevention activities.

Task 1.3.5: By June 1, 2002, the Lt. Governor and the CAAC will recommend a strategy for the coordination, leveraging, redirection and augmentation of funding streams for ATOD prevention to the Governor.

(2) Plan for the Development of a Comprehensive Statewide Prevention System

Identifying and Filling Gaps in Needed Prevention Services

The CAAC and Governor will implement Governor Johanns' comprehensive substance abuse prevention strategic plan (Vision 2010), using Nebraska's comprehensive needs assessment data. Vision 2010 will addresses behavioral objectives and findings from the needs assessment including gaps in the system and services particularly related to serving youth and ethnic/minority populations. The Vision 2010 process will also pinpoint state-level data baselines and targeted outcomes. The state's initiative will enhance the existing prevention delivery system and efforts already occurring in communities across the state and will identify and replicate research-based and promising programs in areas where gaps are identified.

Input from community forums conducted in each of the six regions will be used in developing Vision 2010. The Project Director will work with the Regional Prevention Center's to conduct the forums. These two-hour "town hall" style forums will collect information from key informants and community stakeholders. Community ownership is essential to the planning process and often local people understand local problems and gaps best. Community forum data will be used in further defining specifics of the strategic plan. These community forums will augment existing needs assessment data which point to underserved populations and specific risk factors of the target population of youth.

As part of the application process communities will be required to provide detailed information on the population and the area they plan to serve. This information will include characteristics of the population, social indicator data related to substance abuse and specific risk and protective factors to be addressed. In addition, the Project Manager in consultation with CAAC will develop a marketing plan to promote Vision 2010 so that it can be embraced and implemented throughout Nebraska. The plan will include how Vision 2010 will be disseminated to agencies and communities throughout Nebraska and the development of at least two Public Service Announcements (PSAs) per year in conjunction with the Nebraska Broadcaster's Association.

Identifying Effective Subrecipient Communities that would be Eligible for SICA Funds.

Nebraska will identify community subrecipients who demonstrate a commitment to implementing science-based programs in cooperation with local community coalitions and who are poised to work with State and CSAP officials, in meeting funding criteria and evaluation requirements. NHHS will contract with at least 21 "communities" throughout Nebraska.

The definition of "community" is central to Nebraska's consideration of how best to capitalize on social forces. In exploring the communities in Nebraska, there are striking differences in the population concentrations throughout the state. Therefore, the following broad definition is used to define community: "any group of people who share a common interest or vision." Community in this sense is not necessarily geographically bound. For the purposes of this project, a "community" can be a neighborhood in a metropolitan area, a county in a rural area, or even a region (several counties) in some areas. The definition also includes groups delineated around racial/ethnic lines (Tribal, African-American or Hispanic community), religious community (Baptist or Jewish community), or functional similarities (business or health professionals). This approach addresses the ability to be flexible in meeting the need of our diverse population.

Grant awards are expected to range from $75,000 - $125,000 and applicants will be encouraged to submit a three-year proposal. Applicants will be required to demonstrate the following characteristics in the proposal for funding: definition for community or geographic area targeted, needs and resource assessment, cultural competency, organizational capacity of subrecipients, project goals and objectives, management and staffing plan, budget, and a criteria for choosing science-based program or strategy. The CAAC Initial Review Work Group, in cooperation with CSAP technical assistance, will develop the RFP in order to meet these requirements. In addition, the Cooperative Agreement Advisory Committee will require applicants to include data in their applications that documents their need. In the sub-recipient grant application, it will suggested that applicants use examples such as, county drinking and driving rates, school dropout rates, incidence of alcohol-related violence or other alcohol- or drug-related problems. Technical assistance and training will be provided in the community workshops on how to incorporate these data into the grant application. Communities will also be required to access existing needs assessment data. These data will be compared to the broader needs assessment data and will give grant reviewers a better picture of the communities at the highest risk and with the greatest need. The grant selection committee will be required to have broad representation, including a balance of men and women, rural and urban. The committee will also have representatives from agencies predominantly serving people from racial/ethnic minority groups and those with physical and mental disabilities.

By June 1, 2002, the CAAC will develop the RFP that will include selection criteria and an application packet. Existing applications will provide the template for designing the RFP for this project. The RFP will be promoted through several vehicles. The Regional Prevention Centers routinely work with the media (print and broadcast) and will use those venues for promotion. They have numerous contacts with local service organizations, such as Rotary and Kiwannis, and with schools, law enforcement, and faith-based communities. CAAC members, such as Educational Service Units, Cooperative Extension Centers, and Tribal Governments will also be utilized to promote the grant opportunity with their existing networks. The application will also be posted and promoted on the NPRS web site.

Plan to Work with Potential Sub-recipient Communities to Identify and Select Science-Based Prevention Programs.

The CAAC Best Practices Work Group (BPWG) and the Project Director will develop appropriate criteria and processes to identify and document effective prevention practices, resources and other materials and to develop a plan for their dissemination statewide. They will also identify effective science-based prevention programs both in Nebraska and other states/communities with similar attributes. Technical assistance and training resources for developing State prevention program capabilities, including the Southwest Center for the Application of Prevention Technology (SWCAPT) and CSAP will be identified. The SWCAPT Technical Assistance Coordinator and RPCs will share the information of science-based programs compiled by the CAAC with communities through on-site technical assistance and the NPRS and RPCs' web-sites and newsletters.

In addition, two Developing Community Readiness workshops will be held. At the community grant workshop, case studies/summaries of successfully implemented programs will be provided. Participants will also receive criteria for developing effective programs from the "ground up" utilizing the Logic Model for prevention planning, and how to identify and select science-based prevention programs. All potential applicants will be required to participate in

technical assistance workshops in order to obtain information on prevention research, model programs, use of needs assessment data, evaluation design to help in preparation of their community RFP. Communities will be required to submit applications that indicate how they will fill gaps with science based prevention principles and programs. The other RFP expectations at the community level will be to: 1) conduct a needs assessment (or use existing needs assessments) 2) develop a three-year strategic plan (or modify or use existing strategic plan) 3) use the plan to better coordinate/redirect resources 4) develop a sustainability plan for after funding has ended 5) demonstrate strong community partnerships that are representative of diverse local community demographics and interests in their proposal.

Plan to Sustain Prevention System Changes and Science-Based Prevention Services

The SICA initiative is built on the idea of sustainability from the beginning and will be one of the key issues that will be addressed in the Vision 2010 strategic plan. This plan will delineate not only the direction of the current prevention system, but also the strategies for maintaining its momentum well past the end of the SICA initiative. On the community level, applicants will be required to provide a sustainability plan to continue the community initiative after the grant funding ends. Subrecipients will receive technical assistance in developing a sustainability plan to assist them in identifying and implementing the most effective strategy for securing ongoing funds and community support for their initiative. Nebraska seeks not just a vision for the three years of SICA funding but desires to look further into the future in its prevention planning. Through the involvement of key agency leaders, policy makers and state officials, a learning community is created across agency and categorical funding lines. It is fully expected that the lessons learned via this initiative will continue to exert a positive influence on the manner in which organizations and communities work together and in the types of effective prevention programs and services supported in Nebraska for the future.

The following goals and tasks are designed to move Nebraska's prevention system and infrastructure to the next level:

Goal 2: To develop and implement a comprehensive, long-range prevention delivery system that empowers communities with resources to fill identified gaps in prevention services targeting 12-17 year olds through the application of science-based programs and principles.

Objective 2.1: Develop and implement a systematic approach for allocating State Incentive Cooperative Agreements funds to subrecipient communities to fill gaps with needed prevention services.

Task 2.1.1: By June 1, 2002, Project Manager in consultation with CAAC will prepare Governor's Vision 2010 that addresses behavioral objectives and findings from needs assessment.

Task 2.1.2: By March 1, 2002, conduct a community forum in each of the six regions to gather feedback on gaps and needs.

Task 2.1.3: By August 1, 2002, develop marketing plan to promote Governor's Vision 2010 strategic plan so that it can be embraced and implemented throughout Nebraska.

Task 2.1.4: By October 1, 2002, develop at least two Public Service

Announcements (PSAs) in conjunction with the Nebraska Broadcaster's Association to promote components of the strategic plan.

Objective 2.2: Design and implement a process for identifying effective subrecipient communities and organizations that would receive SICA funds.

Task 2.2.1: By January 1, 2002 convene CAAC Initial Review Work Group (IRWG) to establish proposal criteria and review mechanisms for selecting sub-recipient communities to receive funds.

Task 2.2.2: By November 30, 2001 ensure adequate project representation in terms of age, culture, language, gender, and disability on the CAAC Initial Review Work Group.

Task 2.2.3: By June 1, 2002, CAAC in consultation with IRWG, will develop criteria for community selection for funding.

Task 2.2.4: By June 30, 2002, the CAAC will develop and issue an RFP that will include selection criteria and an application packet to each interested community.

Task 2.2.5: By September 1, 2002 the grant review committee will make recommendations to the CAAC and final decision will be made by September 15, 2001.

Task 2.2.6: By September 30, 2002, fund at least 21 proposals from communities throughout Nebraska.

Objective 2.3: Implement the plan to work with potential subrecipient communities to be able to identify and select science-based prevention programs and principles.

Task 2.3.1: By October 31, 2001 identify technical assistance and training resources.

Task 2.3.2: By November 30, 2001 convene CAAC Best Practices Work Group.

Task 2.3.3: By May 1, 2002, BPWG will develop appropriate criteria and processes to identify and document effective prevention practices, resources and other materials from the State's locally developed sub-recipient projects and develop a plan for their dissemination statewide.

Task 2.3.4: By February 1, 2002, SWCAPT will conduct at least two Developing Community Readiness workshops.

Objective 2.4: Design and implement strategies to sustain system changes and science-based prevention services implemented through the SICA initiative.

Task 2.4.1: By January 1, 2003, identify potential resources of continued program support after SICA funding has ended.

Task 2.4.2: By June 1, 2002, include sustainability plan in Governors Vision 2010 plan.

Task 2.4.3: By June 1, 2002, include sustainability plan in Community RFP.

D. Project Management and Staffing Plan

Cooperative Agreement Advisory Committee (CAAC)

State Resources and Participating State Agencies. The CAAC will build upon the existing membership of the Nebraska Prevention Resource System (NPRS) work group, which includes representatives from Government agencies who oversee alcohol, tobacco and other drug prevention funding in the State, including the Governor's Office, Nebraska Health and Human Services System, Office of Minority Health, Tobacco Free Nebraska, Nebraska Department of Education, Nebraska Department of Motor Vehicles, Nebraska Commission on Law Enforcement and Criminal Justice, Nebraska Legislature, State Probation Administration, and U.S. Department of Justice's U.S. Attorney's Office. The NPRS work group also has representatives from several non-government agencies across the State, including Nebraska Council to Prevent Alcohol & Drug Abuse, Omaha Public Schools, PRIDE Omaha, Southwest Center for the Application of Prevention Technologies and the Panhandle Substance Abuse Council Regional Prevention Center. Each of these agencies is providing in-kind staff time.

In addition, leaders and advocates from the identified stakeholder and minority groups will be included on the CAAC, as well as other key community agencies to truly represent the diversity in Nebraska. Community organizations will be invited to bring a better balance of both rural and urban representation and ethnic/racial representation. Other members of the SICA Advisory Committee will represent diverse stakeholders from around the state. CAAC membership will include but not limited to: Indian Chicano Health Center, TeamMates of Nebraska, Omaha Nation Public Schools, Volunteers of America, Lincoln Medical Education Foundation, Lincoln Asian Center, Nebraska State Patrol, Nebraska Broadcasters Association, Central Nebraska Council on Alcoholism, Nebraska Ethnics Together Working on Reaching Kids, University of Nebraska – Lincoln NU Directions, Chicano Awareness Center, State Alcohol and Drug Abuse Advisory Committee, Nebraska Children and Families Foundation, Macy (Omaha Tribe) Youth and Family Services, Nebraska Prevention Providers Association and Nebraska Cooperative Extension. These diverse stakeholders will be a strong voice in all aspects of the SICA initiative.

Involvement and Oversight by the Governor's Office. The Governor's Office will name Lieutenant Governor David Maurstad to chair the CAAC to ensure effective coordination and management of State resources for this project. The CAAC will be charged with making recommendations for administrative policy changes, legislation and other actions that will move the State's agenda for the coordinated funding of primary prevention programs for the adolescent population forward. In addition, the CAAC will have broad oversight of the community level programs funded through the SICA. The CAAC will meet six times during the first year. The CAAC will also oversee and advise all aspects of the project implementation including the development of a statewide needs assessment, the Governor's strategic plan (Vision 2010) that will include ways to coordinate, redirect and leverage substance abuse resources in Nebraska, and the RFP for sub-recipients. The development and support of the comprehensive prevention plan will establish mechanisms for SICA subrecipient awards to assures cultural competence for all aspects of the SICA initiative. The Nebraska Prevention Resource System Work Group will serve as a steering committee to the SICA and will establish the timeline and agenda for the CAAC meetings.

Because of the large number of stakeholders involved with the SICA, a great deal of work will be completed at a workgroup level in order to maximize the time spent with the larger advisory group. There will also be established mechanisms to obtain input from an even greater number of stakeholders by utilizing other communication methods outside of face-to-face meetings. The CAAC will have four standing work groups.

Policy and Strategic Planning Work Group will review funding and program implementation recommendations, identify additional sources of State and Federal funding for sustaining prevention funding and propose actions to move the first goal of the initiative forward. The current interagency NPRS work group has been working towards these goals and will continue in that role as the Policy and Strategic Planning Work Group.

Best Practices Work Group will provide leadership in the process of bringing together models of prevention reflecting "best practice", including the literature and training opportunities to facilitate practical application at the community level. This work group will also examine different approaches to inform stakeholder groups at the State and community level about the developments and progress in the state's comprehensive approach to ATOD prevention in the youth population. Particular attention will be paid to ensuring that the models proposed and applied are culturally competent and fit the needs of Nebraska's diverse population.

Data Monitoring Work Group will be charged with the review and oversight of evaluation system design, the evaluation efforts of the community organization subrecipients, and the ongoing program evaluation efforts. The importance of valid data for the CAAC's decision making process, as well as the decision making that will take place at the local level, makes this work group essential. The membership of this work group will come from the CAAC, the evaluation subcontractor, data analysis staff, NPRS members and the SWCAPT.

Initial Review Work Group will be charged with developing the proposal criteria and review mechanisms for the funding of community programs, reviewing funding applications and making recommendations to the CAAC regarding applicant funding. The Initial Review Work Group will be composed of members of the CAAC, the SWCAPT, Regional Prevention Centers, evaluation subcontractor and community subrecipients selected to reflect the interests of youth, families and minorities.

Qualifications and Experience of Project Director and other Key State Personnel

Project Director (0.25 FTE) In-Kind. Jeff Soukup is the Substance Prevention Coordinator for the Nebraska Health & Human Services System, Division of Mental Health, Substance Abuse, and Addiction Services, and will serve as the Project Director. The Project Director will oversee and manage the entire project. This position will also provide necessary communication links with the Governor's Office, other state government agencies, and the Center for Substance Abuse Prevention. Nebraska Health and Human Services will be the fiscal manager of the Cooperative Agreements and oversee all necessary contracts to fulfill the project.

Mr. Soukup administers the Nebraska Behavioral Health Prevention Program including planning, organization, contracting, implementation and evaluation of all program components, directs the technical operations and activities necessary to support the program and coordinates the services with other State, local and Federal agencies, health professionals, and service organizations. Mr. Soukup also serves as the chair of the NPRS and is Nebraska's representative with the National Prevention Network. Mr. Soukup has over 15 years experience in field of substance abuse prevention and has over nine years of experience managing programs for the Nebraska Health and Human Services System. This experience has allowed for the building of necessary relationships within NHHS as well as with other State agencies. Since the Project Director is also directly responsible for the Single State Agency's (SSA) Prevention Program this relationship assures that SICA goals and objectives will be integrated into the State's prevention program and its processes. Furthermore, the State's Project Director is directly connected to

other key State leaders and agencies thereby dramatically increasing both the level of influence and the likelihood that SICA initiatives will be adopted by other State systems.

Evaluation Director (.25 FTE). Rodney Wambeam, Ph.D., Nebraska Council to Prevent Alcohol and Drug Abuse, will direct all aspects of the SICA evaluation project, including personnel issues and budgeting. He will oversee the gathering and analysis of quantitative and qualitative data. Dr. Wambeam received his Ph.D. in Political Science from the University of Nebraska-Lincoln with certifications in public policy analysis and program evaluation. He has extensive experience in the program evaluation field evaluating both individual programs and complex systems. He also served a year as the Governor's Health and Human Services policy advisor. He takes an empowerment evaluation approach, incorporating both quantitative and qualitative analysis of evaluation projects and has experience conducting comprehensive needs assessments.

The lead evaluator will be located at the Nebraska Council to Prevent Alcohol and Drug Abuse who has provided prevention evaluation, training, and program development throughout the state for over two decades. The Nebraska Council's Office of Evaluation has been instrumental in helping each of the RPCs implement evaluations of their programs. Most recently the office has been involved in over 30 research projects and has provided numerous trainings in evaluation. The goal of the evaluation office at the Nebraska Council has been to aid in the reduction of alcohol, tobacco, and other drug use in Nebraska through the systematic evaluation of prevention programs. This effort has meant assisting providers around the state toward the use of the Logic Model of prevention planning, science-based programming and empowering them to take part in their evaluation so that they can adapt and improve their programs.

As part of this endeavor, the lead evaluator has worked closely with Dr. Bill Hansen and Tanglewood Research to systematically evaluate the ALL STARS program throughout Nebraska. This now includes pilot testing an ALL STARS JUNIOR program and subsequent longitudinal evaluations. The subcontractor has also spent the past year building bridges to research at the University of Nebraska by providing internships for social science students and becoming an instrumental outside resource for the University of Nebraska's certification in policy analysis and program evaluation. All of this is part of an effort to create statewide consistency and comprehension with respect to program evaluation.

Other State and Regional Resources to Support the Overall Initiative

Nebraska has a wealth of State resources that will be used for this project. In-kind positions include the Governor's Cooperative Agreement Advisory Committee members, including the Lt. Governor and the NHHS Project Director. NHHS will contract with the Nebraska Council to Prevent Alcohol and Other Drug Abuse for the Project Evaluator, and Evaluation Assistant. NHHS will use an independent contractor for the Web Page Maintenance position. NHHS will also contract with Regional Prevention Centers for ongoing technical assistance to sub-recipient communities. Positions that will be necessary to the SICA implementation include:

Project Manager (1.0 FTE) To be hired. The Project Manager is responsible for day to day coordination of all aspects of the project and will be the central position responsible for working with every group involved (communities, NPRS, RPCs, SWCAPT Staff, and Program Evaluator). The position will be supervised by the Project Director and located at the NHHS Division of Mental Health, Substance Abuse and Addiction Services. Preference will be given to

candidates whose area(s) of expertise include program evaluation, inquiry methodology, research design and/or social service administration.

Project Evaluator (1.0 FTE) To be hired. This position is responsible for the State level assessment of funding streams, the evaluation of ATOD prevention at the state, sub-state, and local levels, and for empowering sub-recipient communities to carry out program level evaluations. The Project evaluator's activities include helping to design evaluation research, providing technical assistance, gathering and analyzing data, writing reports, and presenting findings.

Technical Assistance Coordinator (On-site SWCAPT Staff) (1.0 FTE) To be hired. The SWCAPT Staff is responsible for providing tailored training and technical assistance services to the CAAC, RPC's and sub-recipient communities that contribute to the application of scientifically sound prevention programs. The position of Technical Assistance Coordinator will be filled be an individual with considerable experience in prevention program and community based organizations. The ideal candidate will have demonstrated experience in prevention methodology, best practices, evaluation, training, consultation and program development.

Project Evaluation Assistant (1.0 FTE) To be hired. This position is responsible for assisting the project evaluator in all aspects of evaluation for the SICA, including data gathering and entry, clerical help, and report writing. This position will be filled according to accepted standards for the expertise required to perform the tasks to be completed.

Local Technical Assistance to Communities. NHHS will contract with the seven Regional Prevention Centers (RPCs) to provide ongoing technical assistance to communities on all aspects of the SICA. RPCs will provide the critical link between project staff and communities. RPCs will identify potential sub-recipient communities, provide education and technical assistance, guide communities through the needs assessment and RFP process, and provide follow-up support to communities during implementation.

Web Page Maintenance – Independent Contractor. NHHS will contract directly to expand and maintain NPRS's web page. NPRS will need assistance with making their current web page more interactive. The Project Director will need assistance with setting up a system so sub-recipients can post their progress on the web site, allowing other communities access to this information.

Consideration of Age, Culture/Ethnicity, Language, Gender and Disability Issues

Nebraska recognizes that one prevention approach *does not* fit all. Effective prevention efforts rests on the ability to be inclusive of the rich diversity we have in Nebraska. Nebraska proposes three approaches to address the inclusion of Nebraska's diverse population (rural and urban, age, ethnic/racial, and gender). First, to ensure that the approach is sensitive to the diversity in our State is by having rural and urban, racial/ethnic minority, youth, female and male representatives at the table when developing and implementing all aspects of the SICA initiative. Second, sub-recipients will be required to provide a detailed description of how they plan to serve the diversity in their community. Inclusiveness will be incorporated into the scoring criteria of subrecipient proposals. Finally, a culturally sensitive evaluation will be conducted. Key informant interview and focus groups, which are two qualitative methods, will be employed. The Project Evaluator plans to conduct interviews and focus groups using young people, racial/ethnic minorities, and rural residents. CAAC will review all instruments to ensure the sensitivity of all materials.

Implementation Timeline

All startup and implementation tasks are in Section C "Implementation Plan for a Statewide Prevention System", on pages 17-18 and 21-22.

E. State-wide Data and Evaluation Plan

In keeping with Nebraska's approach to build the foundation of our prevention strategy at the community level, the assessment plan is firmly grounded in empowerment evaluation[x]. Empowerment evaluation uses evaluation to build the capacity of prevention providers in order to provide the most efficacious programming and services possible. It fosters self-determination and focuses upon improvement rather than just upon success and failure. It requires a true collaborative partnership between the evaluation subcontractor and sub-recipient communities, and it means collecting both quantitative and qualitative data.

Moreover, empowerment evaluation encourages a multifaceted approach to assessment, where data is gathered at the state, sub state, and program levels. This will allow Nebraska to better document state level activities, accomplishments, and outcomes associated with the SICA, as well as documenting the activities, accomplishments, and outcomes of the sub-recipient communities. It will also allow Nebraska to incorporate and provide SICA cross-site data to CSAP in compliance with the Government Performance and Results Act of 1993 and in the form of Office of National Drug Control Policy and Healthy People 2010 Performance Measures of Effectiveness. Chief among evaluation efforts as part of the SICA is the assessment and documentation of goal attainment at both the state and sub-recipient levels. The following plan outlines the evaluation subcontractor's approach on a goal-by-goal basis.

Coordination of Funding

The first evaluation question to be addressed is to what extent have resources shifted in support of effective research-based program funding. The second question is to what extent have resources and funding been coordinated as a result of the Nebraska SICA initiative. The evaluation subcontractor will work with the CAAC and the SICA project manager to identify and assess all current prevention funding streams within the state and to identify potential future sources of support (Objective 1.3). This necessarily means creating a database that documents and describes all ATOD prevention programs throughout the state and their funding sources. Also important is documentation of which programs are based upon sound scientific research (using CSAP's "Guide to Science-Based Practices" as a starting point) and documentation of program efforts to reach diverse populations. Archival data from CSAP's Minimum Data Set will be used as well as a series of interviews/surveys of administrative staff throughout the state.

These surveys represent the evaluation subcontractor's initial effort to build an evaluation network as part of the SICA program, and they will proceed in 3 phases. First, networking interviews will be conducted with key administrators at each Regional Prevention Center and in other major agencies involved in prevention to identify every possible prevention program. This entails asking the administrators to identify not only their programs but other unique prevention efforts as well. Second, mail out surveys will be sent to directors of each known program both asking them to identify other prevention efforts that may have been missed previously and to complete a survey gathering information reflecting exact data elements contained in the CSAP Minimum Data Set. Third, follow up telephone surveys will be completed to gather data on

those programs that failed to return the mailed surveys and those programs that were identified for the first time by survey respondents. This study will be completed by February 1, 2002. The study will again be undertaken using the original database as a starting point during the final 6 months of the SICA program in order to document how funding streams and prevention programming have changed. The study will pay particular attention to the use of science-based programs and community efforts to reach diverse populations.

This identification and understanding of funding streams and types of programs supported lays the foundation for both implementing and assessing all other objectives under Goal 1. More specifically, the evaluation subcontractor will provide a case study of the activities undertaken by the SICA project manager and the CAAC to complete this first goal. This includes documentation of the successful establishment of the infrastructure needed to support the SICA activities (Objective 1.1). The subcontractor will also document the identification and elimination of any duplicated services, monitor support for and changes to science-based programming in sub-recipient communities, and track the membership and diversity of the CAAC (Objective 1.2).

This case study research will be completed through the accumulation of all planning materials and documentation related to the development of a strategy to coordinate, redirect, and leverage funding streams. This may include meeting minutes, attendance and observation of key meetings, and interviews with SICA program staff to document key activities and decisions. Quantitative data will mainly include measures describing the number and kinds of science-based programs in use, participation in prevention programming and the CAAC by gender, age, and ethnicity, the number of duplicated services that have been identified and eliminated, and a tracking of funding streams as they change. Descriptive statistics of these measures will be run annually and provide a longitudinal view of the coordination of funding across the state. Sub-recipient communities will be included in this research following funding awards at the end of the first year. The evaluation subcontractor will report biannually to SICA program staff and to the CAAC on findings related to Goal 1. This will facilitate the planning process by allowing stakeholders to see what was done, what was learned, what barriers were faced, and what might be done differently in the future.

Development of a Comprehensive Statewide Prevention System

In order to assess the development and implementation of a systematic approach for identifying, selecting, and allocating funds to sub-recipient communities (Objectives 2.1 and 2.2), the evaluation subcontractor will collect and assess all documentation related to the sub-recipient funding review criteria. Following each round of funding the evaluation subcontractor will perform a content analysis of all sub-recipient applications looking for evidence of an identified gap in prevention services, prevention needs, cultural competence, community organization and capacity, and the use of science-based programming. The evaluation subcontractor will also interview each of the communities that applies for funding, regardless of whether or not they receive awards, about the process for choosing sub-recipient communities and allocating awards. By December 30, 2002, three months following the initial awards, the evaluation subcontractor will report to the Project Manager and to the CAAC on findings from these interviews and the content analysis of review criteria in order to improve the process for the following funding cycle. During the next two years of funding interviews will again be completed with each of the communities applying for SICA funding and findings added to the content analysis and reported three months after the awards. Note that there is a fluid

relationship between the case study and documentation done for Goal 1 and the research done for Goal 2.

Measurement of the Progress of ATOD Abuse Reduction

Goal 3: Measure the progress in reducing substance use at both the community and State level. Maybe most important among the evaluation subcontractor's responsibilities is the surveillance of outcomes at the state, sub state, and community level. In order to do this the evaluation subcontractor must complete the following objectives:

> **Objective 3.1: Identify the extent of the substance abuse problem affecting 12-17 year old youth statewide using NHSDA, YRBS, and social indicator data.**
>
> **Objective 3.2: Use NHSDA, YRBS, and social indicator data to generate State level baselines that can be used to create targeted outcomes and measure progress.**
>
> **Objective 3.3: Develop a statewide, comprehensive and ongoing ATOD evaluation system that both monitors progress at the State level and empowers communities to improve programming through the use of local level data.**

State Level Impact. By May 1, 2002, the evaluation subcontractor will first identify the extent of the substance abuse problem among 12-17 year olds in Nebraska and second generate state level baselines that can be used to create targeted outcomes and measures of progress. This will be done using a number of data sources. First would be variables measuring percent of 12-17 year olds engaging in *any illicit drug use*, *marijuana use*, *tobacco use*, or *binge drinking* within the past month according to the most recent NHSDA. Second would be data from Nebraska's most recent YRBS that compliments the above 4 variables. Third would be social indicator data now available within Nebraska at the county level. This may include school drop out rates or juvenile arrest rates for DUI and drug law violations.

The evaluation subcontractor is responsible for reporting the extent of the substance abuse problem and state level baselines to all stakeholders including potential sub-recipient communities. This data will then be gathered on an annual basis in order to document state level accomplishments due to the SICA program. These baselines will also be of use to each community applying for or receiving funding through the SICA program.

Community Level Results. In order to assess change across programs and sub-recipient sites as well as document the accomplishments of each individual community all sub-recipient communities will be required to implement the Communities that Care survey on an annual basis (Appendix 3). This survey has been used in numerous research settings and by a number of SICA states. Its measures have been found to be both reliable and valid, and the instrument itself can be used successfully within diverse populations. The Communities that Care survey also adds to our ability to provide sub-recipient communities with quality information on risk and protective factors within their area. The Communities that Care survey will be administered prior to program services initiating, thereby creating a baseline of risk and protective factors and substance abuse prevalence on which to measure sub-recipient results.

The use of NHSDA, YRBS, Communities that Care, and archival data provide stakeholders at all levels with an assessment of need that will enable them to better develop their capacity and choose science-based programs. Once implemented, these measures also allow for

the beginnings of a quality evaluation. This includes a strong understanding of the reduction of alcohol, tobacco, and other drug abuse among young people ages 12-17 in Nebraska.

Sub-recipient Program Evaluation. The majority of science-based programs ultimately funded as sub-recipients of Nebraska's SICA will be model programs that contain their own evaluation instruments appropriate to the program design and target audience for which the program was developed. All research-based programs funded will be required to implement the evaluation methodology and use instruments and evaluation tools as recommended by the program developers. Promising programs will be expected to demonstrate changes pre/post on the conditions that contribute to youth substance abuse the program was designed to address.

In the past, many prevention providers in Nebraska have viewed evaluation as providing little in the way of useful information yet requiring many resources. In keeping with the tenants of empowerment evaluation, the evaluation subcontractor will work with the diverse array of groups involved in the SICA program. Most important is time spent with directors and other stakeholders from the funded sub-recipient communities. By August 1, 2002, evaluators will provide a series of trainings in evaluation throughout the state for all possible sub-recipient communities. These trainings will focus upon the basics of evaluation emphasizing the important role evaluation can play in improving science-based programming and fundamental skills like writing outcome based objectives and gathering data. The goal is to aid communities in their initial effort to include an evaluation plan in their RFP and to begin building an evaluation network throughout the state. In the months following SICA awards, evaluators will work with each sub-recipient community individually to (1) help them implement the Community that Cares survey and better understand and incorporate other state level data, and to (2) create an evaluation plan specific to their needs, diversity, and prevention program. After evaluation plans are in place for each community and program, the subcontractor will make site visits at the end of each funding year to examine technical issues, issues of cultural competence, and to aid in local planning processes.

Considering the possible differences between sub-recipient programs and communities, the SICA staff will encourage each to take a multifaceted approach to their assessment. This will include the use of quantitative and qualitative data. In some instances, pre and post surveying participants with subsequent difference of means testing may be used. In other cases focus groups or key informant interviews may offer the best data. In every case, more than one methodology will be encouraged in order to approach the program level assessment from different angles providing both objectivity and depth of meaning.

Finally, data will be stored in the evaluation office of the Nebraska Council to Prevent Alcohol and Drug Abuse. The Council will take the appropriate steps to ensure that all persons providing information or data for use in program evaluation receive adequate human subject's protection. Within the boundaries of these responsibilities, the evaluation subcontractor will disseminate information to stakeholders in a timely manner. This dissemination will include a biannual newsletter published online, numerous reports, presentations at major meetings, and seminars at the annual conference among sub-recipient communities.

In sum, the evaluation plan for the SICA program involves documenting state level and community level activities and accomplishments in a number of ways. Overall, surveillance is completed using NHSDA and YRBS data along with specific social indicators. The required use of the Community that Cares survey also allows sub-recipient communities to be assessed individually and as a whole. The evaluation subcontractor will pursue the ongoing documentation of the coordination of funding throughout the state, while aiding communities

with individualized evaluation plans. In keeping with the empowerment philosophy, information will be openly shared to ensure continued improvement at all levels.

F. Literature Citations

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